



BUSINESS RESOURCE CENTER

OFFICE OF THE PRESIDENT  
Financial Management  
1111 Franklin Street - 9<sup>TH</sup> Floor  
Oakland, California 94607-5200**Welcome to the University of California, Office of the President!**

Included with this letter are the required employment forms or links to the pdfs, which you will need to read and complete prior to your Payroll/BRC appointment. **Please wait to date and sign them in the presence of your Payroll Representative.**

1. [\*\*Personal Data Sheet\*\*](#)
2. [\*\*Request for Verification of Previous Employment\*\*](#)
  - To be completed only by current or previous employees of the University of California, California State University or the state of California
  - Intercampus transfers must bring a completed UFIN-301 from the current Payroll Office including system screen shots.
3. [\*\*Demographic Data Transmittal\*\*](#) \*\*
4. [\*\*UC-W-4 Form\*\*](#) (Federal and State Withholding Allowances)
5. [\*\*Payroll Earnings Distribution Authorization\*\*](#)
6. [\*\*Form I-9\*\*](#) (Employment Eligibility Verification and List of Acceptable Documents)
7. [\*\*UPAY 585 – State Oath of Allegiance, Patent Policy, and Patent Acknowledgement\*\*](#)
8. [\*\*UC Electronic Information Resources-User Agreement\*\*](#)

As outlined in your **Welcome Email**, you will be meeting with a Payroll Representative from the Payroll/BRC Team to complete the necessary UCOP employment documents. Please bring acceptable form/s of ID as indicated in *item 6* above “List of Acceptable Documents”. You will also be provided with a **Benefits of Belonging** packet which contains important benefits, employee resources and company policy information. Further details will be provided during your new hire orientation.

Thank you, and please contact us with any questions. We look forward to having you join the UC team!

**Payroll/Business Resource Center (BRC)**

510-987-9057

\*\* In order to ensure the effectiveness of affirmative action/equal employment opportunity programs, the Office of Federal Contract Compliance Programs (OFCCP) requires that federal contractors identify the race/ethnicity designation for all their employees and will impose non-compliance violations on contractors with gaps in data that cannot be reasonably justified. Therefore, in order to achieve the highest levels of compliance possible, all academic and staff employees must have the opportunity to complete all sections of Form U5605 (Demographic Data Transmittal form) at the time of hire. The Office of the President and Principal Officers of the Regents are committed to support the nondiscrimination and affirmative action policies, goals, and procedures as stated in the University of California / Office of the President Affirmative Action Plan.

# PERSONAL DATA SHEET

## A. Identification Information

Name: \_\_\_\_\_  
First Name Middle Name Last Name

(IMPORTANT - Print your name as is appears on your social security card)

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## B. Address Information

Mailing Address Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Foreign Address Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

1-Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2-Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## C. Student Status

- 1 - Not Registered
- 2 - Not Registered Degree Candidate
- 3 - Undergraduate
- 4 - Graduate
- 5 - Not Registered Degree Candidate (Other Campus)
- 6 - Undergraduate (Other Campus)
- 7 - Graduate (Other Campus)

Number of Units: \_\_\_\_\_

## D. Citizenship Status

US Citizen?  Yes  No, Complete below

Country of Residence: \_\_\_\_\_

US Date of Entry: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa/Work Permit End Date: \_\_\_\_\_

## E. Education Level

Indicate the highest degree completed.

- N - No Academic Certification
- H - High School or Equivalent
- T - Trade Certificate
- A - Associate
- B - Bachelor
- M - Master
- P - Professional
- D - Doctorate

Year Awarded: \_\_\_\_\_

## F. Prior Service

Indicate prior employment with The University of California.

Campus: \_\_\_\_\_

Department: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

Indicate prior employment with the State of California.

Employer: \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

(Use back of this form to list additional employment if needed)

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**University of California, Office of the President**  
**Request for Verification of Previous Employment**

For University of California, California State University or State of California Employment

**TO:**

Attention: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please return form to:**

**UCOP—Business Resource Center-PAYROLL**

1111 Franklin Street, 9<sup>th</sup> Floor

Oakland, CA 94607      FAX: **510-287-3840**

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

**EMPLOYEE: Complete this section**

I am currently working at the University of California, Office of the President and need verification of my previous University of California, California State University or State of California Employment Service. This verification is required to establish my vacation\* leave accrual rate at UCOP. Your prompt response is appreciated.

My signature below serves to authorize the release of the information requested to the University of California, Office of the President. **PLEASE PRINT:**

\_\_\_\_\_  
Last Name                      First Name                      Maiden/other names used/Year                      Telephone Number

\_\_\_\_\_  
Employee Signature                      Date of Birth                      Signature Date

Were you employed as: STAFF \_\_\_\_\_ MEDICAL CENTER \_\_\_\_\_ ACADEMIC \_\_\_\_\_

**Last Department Worked/Location:** \_\_\_\_\_

**IMPORTANT: Were you hired in or before 1976 by the UC system?**      YES       NO

**Employment Service Verification**

**To be completed by the University of California or State of California agency authorized to provide the following employment service verification.**

\_\_\_\_\_  
Employment Date                      Separation Date

**YEARS** \_\_\_\_\_ **MONTHS** \_\_\_\_\_ **TOTAL QUALIFYING SERVICE CREDIT.** *A month of **pay status at 50% time or more** is counted as a month of qualifying service. Service need not be continuous to be counted.*

**SICK LEAVE BALANCES THROUGH LAST DAY ON PAY STATUS** \_\_\_\_\_

Completed by (print): \_\_\_\_\_      Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_      email address: \_\_\_\_\_

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**PLEASE NOTE:** \* Service credit calculations for vacation leave accrual rates are **not** the same as calculations for retirement service credit, or used to determine layoff seniority. Refer to the Benefits Office for questions on retirement service credit.

# University of California, Office of the President Pay Disposition Form

<b>Employee Name:</b> (Last, First, M.I.) _____	<b>Employee ID No.</b> (4-12) _____	<b>Effective Date:</b> (13-18) _____
Please Select One of the Following Options:		<b>Actual Home Department Name:</b> _____

<input type="checkbox"/> <b>SUREPAY DIRECT DEPOSIT</b>  <b>Check One:</b> <input type="checkbox"/> Checking Account  <b>OR</b> <input type="checkbox"/> Savings Account	<p>I choose to have my pay directly deposited to my account at the financial institution indicated below:</p> <p><b>Financial Institution Name:</b> _____</p> <p><b>Branch Name:</b> _____ <b>Account No.:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____</p> <p><b>Please check one box below indicating your preferred method of receiving payroll statements.</b></p> <p><input type="checkbox"/> Paper Surepay Statements                      <input type="checkbox"/> Electronic Surepay Statements</p> <p>With the selection of SUREPAY, I authorize the University of California, Office of the President to initiate credits and/or debits to my account. Debits shall be initiated only to effect appropriate adjustments against a prior credit made for the same pay date. I understand that debit transactions are limited to reductions for University salary overpayments and to respond to mandatory court orders. Debits may not be initiated after the pay dates, and the result of the credit less the debit will be the net pay to which I am entitled and will be no different from the net amount I would have received had the SUREPAY method not been selected and a payroll check had been printed.</p> <p><b>Date:</b> _____ <b>Signed:</b> _____ <b>Phone:</b> _____</p> <p><b>EFFECTIVE DATE:</b> SUREPAY will be effective approximately <b>30 days</b> from the date this form is received by the Payroll Service Center. This waiting period is used by the banking system for your safety to verify your account information with your financial institution. Any paychecks issued to you during this waiting period will be sent to your earnings statement address as indicated below.</p> <p><b>EARNINGS STATEMENT:</b> An earnings statement indicating payroll information will be sent in a sealed envelope before each pay day to your home department. If you work at another location and prefer to receive your earnings statement there, please indicate:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <b>Alternate Department:</b> (six digit department code)         </div>
<b>PLEASE ATTACH A VOIDED CHECK HERE</b>	

FOR ACCOUNTING OFFICE USE ONLY						
T.C. (1-2)	Dispo (19)	Bank Table (20-24)	Bank Account Number (25-41)	C/S (42)	Ind. (43)	Alternate Home Dept. Code (44-49) (six digit department code)
SP	8				1	

<input type="checkbox"/> <b>CHECK ISSUANCE</b>  <b>Campus/UCDMC Mail</b>  FedEx will be used to distribute payroll checks to distant University locations, e.g., Field stations, the Bodega Marine Laboratory Facility, etc.	<p>I choose to receive my payroll check in a sealed envelope at my home department or at the following alternative department if indicated:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> <b>Alternate Department:</b> (six digit department code)         </div> <p><b>Signed:</b> _____</p> <p><b>Date:</b> _____</p>									
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="3">FOR ACCOUNTING OFFICE USE ONLY</th> </tr> <tr> <th style="width: 10%;">T.C. (1-2)</th> <th style="width: 10%;">Di spo (19)</th> <th style="width: 80%;">Alternate Home Dept. Code (44-49) (six digit department code)</th> </tr> </thead> <tbody> <tr> <td>PD</td> <td></td> <td></td> </tr> </tbody> </table>	FOR ACCOUNTING OFFICE USE ONLY			T.C. (1-2)	Di spo (19)	Alternate Home Dept. Code (44-49) (six digit department code)	PD		
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